MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09329

Reg. Dist. No. 204

1. PLACE OF DEATH — COUNTY: Kent Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rolchester Beach — LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 114 East Hamburg St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Brantley (Last) Collins
4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 13, 1885
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith, helper
10b. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Laurel - Collins
14. MOTHER'S MAIDEN NAME: Frances Pletzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 1917
16. SOCIAL SECURITY No.: 213-03-8579
17. INFORMANT AND ADDRESS: Mrs Anna Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Cardiac Thrombosis — sudden

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Occasional Sub Sternal severe pain — 3 years

(c) Phlebotomy of Right leg operation

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Franklin Square Hospital. Dr Walker

19a. DATE OF OPERATION: August
19b. MAJOR FINDINGS OF OPERATION: Femoral vein opening and removal.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical attention to that I last saw the deceased alive on ....., 19....., and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith — (Degree or title) — ADDRESS: Deputy Medical Examiner — DATE SIGNED: Sept 23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/27/50 — NAME OF CEMETERY OR CREMATORY: Balto Cem. — LOCATION (City, town, or county) (State): Baltimore City, Md

DATE REC'D BY LOCAL REG.: Sept 24/50 — REGISTRAR'S SIGNATURE: F W Smith

24. FUNERAL DIRECTOR: J. Willis Wills — ADDRESS: Chestertown Md.

30841

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09330

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PERRY (Middle) (Last) COMEGYS

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: unknown

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Comegys

14. MOTHER'S MAIDEN NAME: Sallie Roe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Butler Comegys Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	10 years
	(c) Generalized Arteriosclerosis	10 years

443X
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1948, to Sept. 11, 1950, that I last saw the deceased alive on Sept 3, 1950, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. H. Hamilton — ADDRESS: Millington Maryland — DATE SIGNED: 9/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 16 1950 — NAME OF CEMETERY OR CREMATORY: Wesley Henry Cem. — LOCATION (City, town, or county) (State): Galena Md.

DATE REC'D BY LOCAL REG.: Sept 14, 1950 — REGISTRAR'S SIGNATURE: Edward Fellows — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md

0000

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2
1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09331

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Kent MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Worton; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Worton Md.; STREET ADDRESS (If rural, give location) Near Worton, Md.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) M. (Last) DODSON

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 12 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willard E. Dodson

14. MOTHER'S MAIDEN NAME: Ruth Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Willard Dodson, Worton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chronic nephritis

(c) cirrhosis of liver

5810 1240

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 14, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. ADDRESS Steel Pond DATE SIGNED 9/15/50

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial — DATE Sept 17, 1950 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REG. 9/15/50 — REGISTRAR'S SIGNATURE E Leonard Jones — 24. FUNERAL DIRECTOR B. R. Fellows — ADDRESS Still Pond, Md.

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09332

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCK HALL — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCK HALL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) KATE (Last) JOYNER

4. DATE OF DEATH: (Month) SEPT. (Day) 27 (Year) 1950

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-24-1858

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES R. SHAW

14. MOTHER'S MAIDEN NAME: HENRIETTA JEFFERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. ONEIDA POPLAR - ROCK HALL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Organic heart trouble

434:3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95c (b) none

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1950, to 9-20, 1950, that I last saw the deceased alive on 9-20, 1950, and that death occurred at 1:9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H P Copeland M.D. Physician Rock Hall Md 9-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Sept. 30 | Wesley Chapel | Rock Hall Md.

DATE REC'D BY LOCAL REG. Sept 30 1950 | REGISTRAR'S SIGNATURE J. Elwood Bowyer

24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

RECEIVED
OCT 4 1950
BUREAU V. S

09712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Chestertown
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nickles Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Lively

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 7 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Wortonpoint: Worton Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Telgham Lively
14. MOTHER'S MAIDEN NAME Charlotte Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found dead in field, only the clothes & skeleton

795.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Missing Sept-20-/50. Found Nov 15/50

200 b (c) Age and senile conditions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental symptoms shown for several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical Attention, that I last saw the deceased alive on ——— 19....., and that death occurred at 3 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank W Smith Deputy Medical Examiner Kent Co Nov. 16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 17
NAME OF CEMETERY OR CREMATORY Quaker Neck
LOCATION (City, town, or county) near Chestertown (State) Md.

DATE REC'D BY LOCAL REG. Nov. 17-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

09333

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Kent. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent.
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HETTIE (Middle) (Last) MUNSON
4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1950
5. SEX: F.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: aug 9 1868
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Perry Wilson
14. MOTHER'S MAIDEN NAME: Hettie Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Elizabeth Carrol Rural Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Apoplexy. — Interval Between Onset and Death: week

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — 15 years
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/49, 19..... to 9/30/50, 19....., that I last saw the deceased alive on 9/30/50, 19....., and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. H. Hamilton — ADDRESS: Millington Md. — DATE SIGNED: 10/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 4 1950 — NAME OF CEMETERY OR CREMATORY: Chestnuttville Cem. — LOCATION (City, town, or county) (State): Rural Millington Md.

DATE REC'D BY LOCAL REG.: Oct. 4. 1950 — REGISTRAR'S SIGNATURE: Edward Fellows. — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md.

52086

RECEIVED
OCT 9 1950
BUREAU V. S

09334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural
STREET ADDRESS (If rural give location) R.F.D. #2.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) SPENCER (Last) NEWSOME

4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1950

6. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH Jan. 21, 1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Walker
14. MOTHER'S MAIDEN NAME Sarah Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ no (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Elsie Newsome, Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4200	Immediate cause	(a) Coronary Occlusion	immediately
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 years?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1950, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 5, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE John R. Winn (Degree or title) Md. ADDRESS Chestertown DATE SIGNED Mar 9-9-50

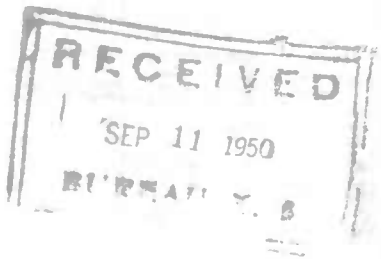
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 10, 1950
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, (State) Md.

DATE REC'D BY LOCAL REG. Sept. 9-1950
REGISTRAR'S SIGNATURE Clara S. Barnes,
24. FUNERAL DIRECTOR B.R. Fellows ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
SEP 11 1950

09335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton R.D.
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Andelot Inc. farms

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton (Rural)
STREET ADDRESS (If rural, give location) Andelot Farms Inc.

3. NAME OF DECEASED (Type or Print) (First) David (Middle) (Last) Robinson
4. DATE OF DEATH (Month) Sept. (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 2 1862
9. AGE last birthday 88 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Calm
11. BIRTHPLACE (State or foreign country) Middletown Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Rosie Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Eugene Thornton - Worton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Prostitis	3
600.0 Antecedent cause(s)	(b) Pyletis - ensuing	1 yr
137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	1/2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1940, to Sept 1, 1950, that I last saw the deceased alive on Sept., 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Frank L. Lauth (Degree or title) ADDRESS Chestertown Md DATE SIGNED Sept 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 1 1950
NAME OF CEMETERY ~~OR CREMATORY~~ Newtown
LOCATION (City, town, or county) Worton R.D. Maryland (State)

DATE REC'D BY LOCAL REG. Oct. 1, 1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1950
BUREAU OF ...

09336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANNE CO. HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN Md
STREET ADDRESS (If rural, give location) R. F. D. # 3

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) GIRL (Last) Thomas
4. DATE OF DEATH (Month) SEPT. (Day) 22 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9/22/50
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) KENT CO Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WM. F THOMAS
14. MOTHER'S MAIDEN NAME PARZETA HARRISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. NO
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of mother's placenta

160 c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1950, to 9-22, 1950, that I last saw the deceased alive on 9-22, 1950, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE A. Wick (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 9-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/25/1950
NAME OF CEMETERY OR CREMATORY Quaker Neck (col.) Cem.
LOCATION (City, town, or county) Pomona Kent (State) Md.

DATE REC'D BY LOCAL REG. Sept. 23, 1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

2-0-9-22-0-25-6-32-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU T. S

09337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melitota — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melitota
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Chestertown R.R.

3. NAME OF DECEASED (Type or Print)	(First) Alice	(Middle) Melvina	(Last) Wilson Warren	4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1950
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced	8. DATE OF BIRTH Feb. 21. 1908	9. AGE last birthday 42 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Inaker Neck Kent Co. Md	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Warren		14. MOTHER'S MAIDEN NAME Marcia Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 218-20-6265	17. INFORMANT AND ADDRESS Earnest - Briscoe		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174 X Immediate cause (a) Cancer of Uterus — 3 years

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) exhaustion. Metastases — in

(c) pelvis as bladder & pectoral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. 49/1549	19b. MAJOR FINDINGS OF OPERATION Cancer of Uterus	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Sept 23, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W. Smith		Chestertown Md	Sept 26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept 28 50	NAME OF CEMETERY OR CREMATORY Inaker Neck	LOCATION (City, town, or county) Pomona (State) Md
DATE REC'D BY LOCAL REG. Sept 26/50	REGISTRAR'S SIGNATURE F W Smith	24. FUNERAL DIRECTOR Asbury Henry	ADDRESS Chestertown Md

52086

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1959
BUREAU V. S